

Kentucky Behavioral Health Planning and Advisory Council

Council Meeting Summary

May 19, 2016 10:00am to 2:00pm

Best Western Hotel, 80 Chenault Road, North & South Meeting Room
Frankfort, Kentucky

Council Members: Mary Singleton, Lynn Haney, Cathy Epperson, Steve Lyons, Carmilla Ratliff, Betty Stephens, Mike Barry, Maggie Krueger, Jeanette Rheeder, Kalon Bagby, Rebecca Burton, LeeAnn Kelley, Yayo Radder, Peggy Roark, Brandon Kelley, Deborah Coleman, Betty Jo Moss, Michael Karman, Tonia Wells, Sherry Sexton, Gayla Lockhart, Steve Shannon

Guests: Tara Moseley (Young People in Recovery), Carol Cecil, Louis Kurtz

Staff: Michele Blevins, Melissa Runyon, Wendy Morris, Christie Penn, Sue Fisher

Topic	Discussion	Next Steps
Call Meeting to Order	Gayla Lockhart, Chair, called the meeting to order at 10:03 AM and welcomed attendees. Gayla gave a special welcome to the Council's three new members: Peggy Roark, Michael Karman and Betty Stephens. The new members introduced themselves then members and guests did likewise. Carmilla Ratliff noted that she will no longer be serving on the Council as an Individual in Recovery. She is now the representative for Kentucky Partnership for Families and Children. Quorum was confirmed.	
Approval of March 2016 Meeting Summary	Members reviewed the March 2016 meeting summary. Melissa Runyon and Steve Lyons noted that their names should be removed as attendees as they were not present at the meeting. Mary Singleton made a motion to accept the minutes with the noted revisions. Cathy Epperson seconded. Motion passed.	Approved minutes are available online at http://dbhdid.ky.gov/d/bh/kbhpac.aspx
Committee Reports	<u>Membership Committee</u> Mary Singleton, Committee Chair, reminded members that the Council still has three vacancies for representatives of Parents with Behavioral Health Challenges and to please share information about the Council and a membership application with parents and caregivers who would make good members. The membership application is always available at the Planning Council website. Mary provided an update on the Member Orientation that was held April 20 th at the Cabinet for Health and Family Services Building. Mary explained to members that the three new members were not appointed in time to attend the Orientation; however, orientation packets were provided today to them today and she has made herself available to provide information about the Council to them.	The membership application is available online: http://dbhdid.ky.gov/d/bh/documents/kbhpac/MemberApp.pdf . Mary requested a final version of the brochure.

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	<p>Mary reminded members of the importance of reading and becoming familiar with the Council Bylaws.</p> <p><u>Finance and Data Committee</u> A Finance and Data Committee meeting was held Thursday, April 21, 2016. Betty Jo Moss, Committee Chair, provided an update of that meeting. She stated that the department presented the state fiscal year (SFY) 2017 projected allocations/budget for mental health block grant and substance abuse prevention and treatment block grant funds. Michele also provided information about the biennium 2017-2018 budget, as well as other department funds and grants. Copies of the PowerPoint presentation from the Finance meeting were made available.</p> <p>The Council reviewed the minutes from the finance committee meeting. One attendee's name must be added to the minutes. Betty Stephens made a motion to approve the minutes with the one revision. Rebecca Burton seconded. Motion passed.</p> <p><u>ad hoc Committees</u> Cathy Epperson, Chair of the Advocacy & Policy Committee provided a report. The committee held a conference call on May 18, 2016. The committee revised the legislative priorities for FY 2017 and presented a copy to the Council for review. The committee presented the following three priorities: (1) Increase access to effective mental health, substance use, prevention, treatment and recovery; (2) Promote consolidation of mental health, substance use and physical health care; and (3) Provide housing for transition age youth and adult individuals living with co-occurring disorders. The Council offered a few recommendations for revisions in language to priority number 3.</p> <p>The review of the priorities began a thoughtful discussion of the service gaps in Kentucky's behavioral health system of care, with the following comments noted:</p> <ul style="list-style-type: none"> • Kentucky has a crisis of not enough prescribers. Kentucky needs a plan. The psychiatric workforce is getting older. • Kentucky needs more facilities for individuals with co-occurring disorders. • The Department of Corrections used to receive (MHBH) funding to assist individuals with mental illness for re-entry reintegration but I do not see that allocation on the budget anymore. It is important to address continuity of care. Many providers on the outside do not want to accept our clients. • It is difficult to recruit psychologists for \$50,000 when they 	<p>Council Bylaws are available online: http://dbhdid.ky.gov/dbh/documents/kbhpac/bylaws.pdf.</p> <p>Cathy will revise the Legislative Priorities and send the document out again.</p>

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	<p>can work at the VA for twice that.</p> <ul style="list-style-type: none"> • Treatment at Youth Detention Centers is for criminality, not for behavioral health disorders. • Kentucky is beginning to following the national Restrictive Housing Movement of getting individuals into services they need to rehabilitate instead of isolating them. • (Regarding funding going for a Forensic ACT Team) We must ensure that individuals with severe personality disorders do not fall through the cracks. • We must ensure that individuals are not turned away from substance use treatment because they have a mental health disorder or from mental health treatment because they have a substance use disorder. • Many providers are not accepting Medicaid, especially substance use providers. 	
Legislation	<p>Steve Shannon provided an update on this year's legislative session. Many bills were reviewed, but fewer were passed than usual. One that did pass was a Homelessness Prevention Pilot Project in counties in the Adanta and Seven Counties regions (KRS 194A.735). HB94 Assisted Outpatient Treatment "Tim's Law" did not pass due to concerns about cost and civil liberties. The state biennium budget passed with a 9% reduction for SFY 2017 for CHFS/BHDID.</p>	<p>Steve Shannon will send the state budget to share with members.</p>
Council Member Updates	<p>Members shared updates and information about important upcoming events in round robin format. Some of the highlights included:</p> <ul style="list-style-type: none"> • Mike Barry of People Advocating Recovery will be presenting a day and a half workshop at the National Recovery Rally. It will be streamed live on the internet. PAR is preparing for the statewide Recovery Rally. It is September 10th at Central Park in Louisville. Tonight, Mike is providing a messaging workshop at Georgetown Community Hospital. It is open to the public. Mike has been working the last two days in Washington DC with ARCO (Association of Recovery Community Organizations) to get the CARA passed for the recovery community and doing other trainings. • Cathy Epperson reported the NAMI Kentucky Conference is scheduled for September 23-24, 2016 at Christ Lutheran Church in Louisville. NAMI KY is partnering with ECU to provide grant writing and social media/website training to NAMI affiliates on September 22nd. Cathy reported that the NAMI Basics training had to be cancelled due to low registration. • Tara Moseley (guest) is a PAR Board Member, a member of the Kentucky Harm Reduction Coalition and the State Program Director 	

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	<p>for Young People in Recovery (YPR). She stated that YPR has had a chapter in Louisville for two years and they are in the process of establishing chapters in Owensboro and on the University of Kentucky campus. Tara stated that UK is establishing its first sober living residential center.</p> <ul style="list-style-type: none"> • Carmilla Ratliff reported that Kentucky Partnership for Families and Children (KPFC) is hosting the 12th Annual Youth Parent Conference June 17-19, 2016 for youth age 13-26 with behavioral health challenges and their parents. The conference will be at the Ramada Inn, Louisville. KPFC will be coordinating the Joint Meeting of RIAC Parent Representatives and Family Peer Support Specialists in conjunction with the System of Care Academy. Carmilla also stated that there are vacancies on the Kentucky Youth MOVE Council. The 18-member Council is composed of youth statewide between the ages of 14 and 24 years. All identifying information is removed from applications before they are reviewed, so members do not know for whom they are voting. The Council is working to become more youth-driven and it is utilizing a system of roles instead of officers. KPFC is in the process of copyrighting the roles. • Peggy Roark shared that she is a member of the Medical Assistance Board. She welcomed members to email her with any recommendations or comments regarding Medicaid or managed care. • Brandon Kelley shared that he has been a Youth Peer Support Specialist for six months. He is working at Pathways to establish a youth drop-in center. In August he will begin an internship position at BHDID. • Carol Cecil of Kentucky Partnership for Families and Children (KPFC) reported that KPFC had hosted the Early Childhood Family Conference in Northern Kentucky the end of April. Seventeen families attended. Carol reported that Kentucky River and Communicare are the two newest CMHC's to join the TAYLRD initiative and they are establishing youth drop-in centers. Carol invited everyone to join in the Children's Mental Health Awareness Day celebration at Lakeview Park in Frankfort on May 21st at 11AM. There will be a scavenger hunt, a "color me" run, cupcakes, Jeeterbugs, and lots of fun. • Sue Fisher reported that the Amended Settlement Agreement is progressing well and the initiative has a regulation now to make it more permanent. Sue reported that since the beginning of the Agreement, there have been 1700 referrals; 592 of those referrals are active and 295 individuals have moved into their own residence. • Missy Runyon reported that the registration for the KYSTARS 	

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	<p>Conference is \$10. The conference is Friday, May 27 at the Clarion Hotel in Lexington. The 3rd Annual Award Ceremony is held the evening before, Thursday May 26. Missy noted that for the first time, one family peer and one youth peer will be honored and they may integrate more next year. Missy noted that Council members are familiar with some of this year's winners: Betty Jo Moss is winning the peer award for the Adanta region; Becky Clark for the Comprehend region. Kelly Gunning is receiving the Super Supporter Award. Former Council member, Susan Turner is receiving the Lifetime Achievement Award and Brandon Kelley is receiving the Youth/Young Adult Award.</p> <ul style="list-style-type: none"> • Maggie Krueger reported that her son is home and doing well. She stated that if members know of someone who has a child who has become involved with the law, please have him/her call her. • Sherry Sexton reported that she has provided the Ending the Silence presentation in Berea and Somerset, reaching over 300 students. She recently graduated from the Mike Townsend Leadership Academy. In the fall she is joining a mental health ministry at her church. Sherry was accepted into the UK Social Work Program and begins in August. Congratulations, Sherry! • Gayla reported that PAIMI is doing a Cemetery Clean-Up on May 26th. Gayla is also involved with P&A's Self-Advocacy Project and Pets for Vets. • Michele Blevins reported that KY School of Alcohol & Other Drug Studies Conference is July 17-21, 2016. Please let Michele know if you are interested in attending and the number of days you are interested in attending. BHDID is considering sponsorship of Council members' attendance. 	
CMHS Site Visit Report	<p>Michele Blevins distributed copies and provided an update on the Report of CMHS Site Visit from June 17-19, 2014. Michele told members that the report was also available online at the department website. The report acknowledged many strong behavioral health programs and initiatives that Kentucky has in development, including the following:</p> <ul style="list-style-type: none"> • Programs for persons who are deaf or hard of hearing, lesbian, gay, bisexual, transgender, and those in rural areas. • Collaboration with Medicaid, which has resulted in a new State Plan Amendment and expanded behavioral health services and provider network. • Fidelity monitoring of supported employment and wraparound programs. • The system of care for children and efforts to improve services for children in the juvenile justice system. 	

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	<ul style="list-style-type: none"> • The Kentucky Prevention Network includes a wide range of partners. • A strong network of engaged consumers and organizations that provide training and advocate on behalf of consumers and families <p>The report included the following recommended areas for improvement and possible technical assistance:</p> <ul style="list-style-type: none"> • The state should include consumers in its meetings with managed care organizations. • BHDID and Medicaid should consider providing incentives to managed care organizations and other providers to promote positive outcomes citing December 2011 National Association of State Mental Health Program Directors (NASMHPD) report on such practices in Oklahoma. (http://www.nasmhpd.org/content/oklahoma-enhanced-tier-payment-system-leveraging-medicaid-improve-mental-health-provider) • BHDID should consider a renewed effort to support the HB843 Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses or a similar approach to foster regional collaboration. • The monitoring team recommends DBHDID implement a formal cultural competency program and assign a staff member as coordinator. The state should use CultureVision as a resource, noting its use by other states (e.g., Oklahoma) (http://www.crculturevision.com/). • DBHDID should designate a specific staff person to oversee internal Continuous Quality Improvement (CQI) and quality management efforts. The department's outcome transformation branch, currently being restructured, could oversee such efforts in the future. • With the opening of the state's Medicaid network to any willing provider, DBHDID may focus future efforts on providing more data to consumers about CMHC and other providers. • The state should increase use of Geographic Information Systems (GIS) to help in advocacy and regional planning efforts. • DBHDID and the Cabinet should track and analyze return on investment for its programs and services, which may be helpful in obtaining support from within the Cabinet and other stakeholders for the Center of Excellence and other 	

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	<p>initiatives (See, Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State Initiative for Public Policy, April 2012)</p> <ul style="list-style-type: none"> • The state should provide training on DBHDID programs and behavioral health issues to inmates who staff the statewide reentry hotline and reentry councils. • The state should consider expanding school based mental health and using West Virginia’s model (West Virginia School Health Technical Assistance Center, https://livewell.marshall.edu/mutac/?page_id=86). • The Planning Council may want to consider inclusion of representation from the developmental disabilities/intellectual disabilities area, as well as, veterans or Kentucky’s Department of Veteran Affairs. • The Council should plan a full-day retreat and take time to do a Strength, Weakness, Opportunities, Threats (SWOT) activity to help focus its efforts. The SWOT process could be used as planning begins for the block grant and highlight areas for collaboration with DBHDID and others. • The Council and DBHDID should receive SAMHSA technical assistance to develop its approach to SWOT and obtain an outside facilitator, or decide to use state and Council resources to complete such a process Council members support the idea of holding a retreat. • The Council should request SAMHSA technical assistance through its block grant project officer, providing orientation to the department’s data submissions, and their use in the Council’s mandated responsibilities. • DBHDID should increase consumer engagement in the development of regulations by formally involving consumers in this process. DBHDID and consumers will mutually benefit from this exchange. • The monitoring team commended DBHDID for effectively using the internet as an outreach tool but recommends exploring ways of informing consumers and family members statewide on accessing the website. In addition, alternatives must be offered to inform consumers and family members who do not have access to computer information. • Kentucky should engage its Office of Transportation Delivery and Kentucky Transportation Cabinet to develop solutions to transportation as a major barrier to access services. • DBHDID should develop policies and procedures for the Mental Health Block Grant that address (1) activities allowed or not allowed; (2) allowable costs/costs principles; (3) 	

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	<p>maintenance of effort and earmarking requirements; (4) period of availability of federal funds; (5) financial reporting requirements; and (6) independent peer reviews. DBHDID should also implement controls to ensure its program and fiscal staff are trained.</p> <ul style="list-style-type: none"> • DBHDID should develop written policies and procedures that address how the state monitors subrecipients' compliance with the terms and conditions of the Mental Health Block Grant award. • Consumers, Parents, Family Members and Other Stakeholders provided the following comments, recommended areas for improvement and/or possible technical assistance: • While the CMHCs do a good job serving older adults, consumers believe this population would benefit from additional services and DBHDID focus. • Consumers and planning council members support Crisis Intervention Team efforts and noted there should be training for emergency dispatchers and emergency room providers. • Respite care is an important gap in the children's system. • Some families have difficulty making appointments; the use of open access/walk-in appointment times by some centers has proven helpful. • For parents, lack of integrated services can be a challenge. • More trauma-informed care is needed for children and younger adults. • Consumers urged schools to support training for high school students on mental health, and noting, peers could share their stories and experiences. Negative community biases about behavioral health conditions among students, teachers and staff were identified as a major concern, one that additional education and awareness training, including information about services available through schools. Additional suicide prevention/awareness training would be helpful. • Consumers indicated the need to improve the discharge planning process and, in some cases, longer inpatient care time. • Consumers suggested outreach to the public and businesses to raise awareness about recovery. 	
Kentucky Institute for Excellence in Behavioral	Louis Kurtz, Director of the Institute for Excellence in Behavioral Health, provided a history of the Institute (which formed on July 1, 2015) and an overview of its current projects. The Institute was created to provide support to behavioral health service providers in the successful delivery of evidence-based policies, programs and	Visit the Institute's webpage: http://trc.eku.edu/kei .

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Health	<p>practices.</p> <ul style="list-style-type: none"> • The Institute is providing implementation support to evidence-based practices through workforce development, assisting providers, and research. • The Institute is currently developing an evidence-based practices needs assessment. The Institute will provide recommendations to BHDID on June 6th. • The Institute is leading the certification process of the Certified Community Behavioral Health Centers. • The Institute is providing fidelity monitoring of High Fidelity Wraparound and Assertive Community Treatment. • The Institute is training students. <p>Lou distributed copies of the Institute Brochure and the First Episode of Psychosis Practice Spotlight.</p>	
Adjournment of Meeting	Mike Barry made a motion to adjourn the meeting at 2:06pm. Mary Singleton seconded. Motion passed.	<p><u>Next Meeting:</u> Thursday, August 18 2016 10:00 a.m. – 2:00 p.m.</p>